#### DEPARTMENT OF HEALTH AND FAMILY SERVICES Division of Disability and Elder Services Printed 07/28/2006

## **Provider Inspection Summary**

For the period 06/01/2003 to 05/31/2006 Community Based Residential Facility CLASS CNA (NONAMBULATORY) STATE OF WISCONSIN
Bureau of Quality Assurance
P.O. Box 2969
Madison WI 53701-2969

### **Facility Information**

Facility Name: BAY ROAD PLACE (0008556)
Address: 500 E BAY RD, ALGOMA, WI 54201

**License Status: REGULAR** 

Licensed/Certified/Registered 09/01/1999

Regional Office: NORTHEASTERN REGION (GREEN BAY), (920) 448-5240

#### **Survey History**

Survey ID: 0096266 End Date: 01/11/2006 Type: STANDARD Purpose: SURVEY/COMPLAINT

**Results:** ENFORCEMENT ACTION

Statement of Deficiency: #10007241 Served 02/02/2006

		<u>Compliance</u>	
<b>Deficiencies Cited</b>	Subject Area	<u>Veri fied</u>	Corrected
83.13(4)(a)	COMMUNICABLE DISEASE CONTROL		
83.14(7)(b)	CONTINUING EDUCATION		
83.18(1)(d)2	OTHER INFORMATION REQUIRED IN RECORD		
83.19(1)(d)	PHYSICAL OR MENTAL CONDITION		
83.21(4)(p)	PROMPT AND ADEQUATE TREATMENT		
83.32(1)(b)	WRITTEN REPORT OF ASSESSMENT		
83.32(2)(a)1	PHYSICAL HEALTH		
83.32(2)(a)5	HARMFUL BEHAVIOR PATTERNS		
83.32(2)(c)1	ANNUAL EVALUATION-PARTICIPATION		
83.32(3)	SIGNING ASSESSMENT AND ISP		
83.33(3)(f)2	REASSESSED QUARTERLY FOR MEDICATION		
83.42(3)(f)	SLEEPING HOURS EVACUATION DRILL		

Survey ID: 0091194 End Date: 09/24/2003 Type: STANDARD Purpose: SURVEY/SELF REPORT

**Results:** NO STATEMENT OF DEFICIENCY ISSUED

Disclaimer: This information is provided as a public service by the Wisconsin Department of Health and Family Services (DHFS). The Department neither endorses any facility nor guarantees that this information is accurate, up-to-date, or complete. This information, which should not be used as a sole source in selecting a facility, does not replace official information sources.

#### DEPARTMENT OF HEALTH AND FAMILY SERVICES Division of Disability and Elder Services Printed 07/28/2006

**Provider Inspection Summary** 

For the period 06/01/2003 to 05/31/2006 Community Based Residential Facility CLASS CNA (NONAMBULATORY) STATE OF WISCONSIN
Bureau of Quality Assurance
P.O. Box 2969
Madison WI 53701-2969

### **Enforcement History**

Date: 02/01/2006 SOD #10007241 Appealed: No

Sanctions

COMPLY WITH DEPARTMENT PLAN OF CORRECTION

COMPLY WITH REQUIREMENT

PROVIDE TRAINING

FORFEITURE---83.14(7)b

FORFEITURE---83.18(1)(d)2

FORFEITURE---83.19(1)d

FORFEITURE---83.21(4)(p)

FORFEITURE---83.32(2)(a)1 83.32(2)(a)5

FORFEITURE---83.32(3)

FORFEITURE---83.33(3)(f)3

Disclaimer: This information is provided as a public service by the Wisconsin Department of Health and Family Services (DHFS). The Department neither endorses any facility nor guarantees that this information is accurate, up-to-date, or complete. This information, which should not be used as a sole source in selecting a facility, does not replace official information sources.

#### DEPARTMENT OF HEALTH AND FAMILY SERVICES Division of Disability and Elder Services Printed 07/28/2006

# **Provider Inspection Summary**

For the period 06/01/2003 to 05/31/2006 Community Based Residential Facility CLASS CNA (NONAMBULATORY) STATE OF WISCONSIN
Bureau of Quality Assurance
P.O. Box 2969
Madison WI 53701-2969

**Complaint History** 

Date Complaint Received: 01/03/2006 Date Investigation Completed: 01/11/2006

Subject Area(s) Result

ABUSE NOT SUBSTANTIATED